Surgical Code for Catholic Hospitals

Editor's Note: In conjunction with the feature article "Reflection on the Surgical Code" in this issue by Becket Gremmels, Ph.D., and Steven J. Squires, Ph.D., we are including the original Surgical Code from 1921 prepared by Fr. Michael Bourke for health facilities in the Archdiocese of Detroit. For additional background, please see the article "A Brief History — A Summary of the Development of the Ethical and Religious Directives for Catholic Health Services" by Rev. Kevin D. O'Rourke, OP, STM, JCD; Rev. Thomas Kopfensteiner, STD; and Ron Hamel, Ph.D., in the November — December 2001 issue of Health Progress. https://www.chausa.org/publications/health-progress/article/november-december-2001/a-brief-history

Before beginning any operation in this hospital, the surgeon is required to state definitely to the sister in charge of the operating room what operation he intends to perform.

THE FOLLOWING OPERATIONS ARE UNETHICAL AND MAY NOT THEREFORE BE PERFORMED:

One. OPERATIONS INVOLVING THE DESTRUCTION OF FOETAL LIFE. Among these are:

- 1. Dilatation of the **os uteri** during pregnancy and before the foetus is viable.
- 2. Introduction of sounds, bougies, or any other substances within the **os uteri**, during pregnancy and before the foetus is viable.
- 3. Induction of labor by any means whatsoever before the foetus is viable. Neither Eclampsia nor Hyperemesis Gravidarum constitute any exception to this rule.
- 4. Curettment of the uterus during pregnancy.
- 5. Craniotomy of the living child.
- 6. Operations for the removal of a living non-viable foetus in Extra-Uterine Pregnancy; also all operations, procedures and treatments the purpose of which is to destroy foetal life in Extra-Uterine Pregnancy.

Where the foetus attains to viability in Extra-Uterine Pregnancy, its removal is permissible.

Where a rupture occurs in Extra-Uterine Pregnancy, prompt measures should be instituted to stem the resulting hemorrhage, due caution being exercised to safeguard the life of both mother and foetus. The rent or rupture must be repaired whenever possible.

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Two. ALL OPERATIONS INVOLVING THE STERILIZATION OR MUTILATION OF MEN OR WOMEN, EXCEPT WHERE SUCH FOLLOWS AS THE INDIRECT AND UNDESIRED RESULT OF NECESSARY INTERFERENCE FOR THE REMOVAL OF DISEASED STRUCTURES.

AMONG THE OPERATIONS FORBIDDEN ARE:

- 1. Removal of an undiseased ovary. Whenever an operation for the removal of a diseased ovary is performed, enough of such organ must be left intact if possible as will permit the same to function.
- 2. Removal of a Fallopian tube which is not so diseased as to require removal.
- 3. Section of an undiseased Fallopian tube.
- 4. Operations which result in obstructing the lumen of an undiseased Fallopian tube.
- 5. Hysterectomy where the uterus is not so badly diseased as to require the operation.
- 6. X-Ray Therapy, Radiotherapy, and Radiography, in the absence of their immediate indispensable need for the preservation of maternal life, are forbidden before delivery, in all cases of actual or questionable pregnancy.
- 7. Ventral suspensions and anterior fixations or Ventro-fixations so-called, in women of child-bearing age, in the absence of proof positive of their necessity.
- 8. The sterilization and castration of male patients.

The foetus may be considered viable after six calendar months.

If the foetus is known positively to be dead, operations for emptying the uterus may be performed.

The question of the presence of life, and of the necessity for the removal of the reproductive organs, or interfering therewith by surgery or medicine, must in all cases be determined by previous competent consultation.

All structures or parts of organs removed from patients must be sent in their entirety, at once, to the pathologist for his examination and report. These specimens will, after examination, be returned by him to the operator on request.

Where a pregnant mother dies before delivery an effort must be made in all cases to procure the Baptism of the unborn child.

It is possible that advances in Surgery and Medicine may render permissible some of the prohibitions of this code. Until further notification, however, the same must be followed as outlined.

The above rules are mandatory and the violation of any one of them will result in excluding the operator from the privileges of the hospital.

FALL 2021

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FROM THE FIELD

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NIHIL OBSTAT. Orchard Lake, 23 Julii, 1921. MICHAEL J. GRUPA, Cens. Libr.

IMPRIMATUR. †MICHAEL JAMES GALLAGHER, Bishop of Detroit — August l, 1921. MICHAEL P. BOURKE, Chairman Ethical Committee, Catholic Hospital Association.